| PATENT APPLICATION FEE DETERMINATION RECORD | ) |
|---|---|
| Effective Day 15 to 2004                    |   |

Application or Docket Number

| Effective December 8, 2004   |  |   |  |                                |                     |                                   |            | JP030005            |                        |                  |                     |                        |
|--|--|---|--|--------------------------------|---------------------|-----------------------------------|------------|---------------------|------------------------|------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |  |                                |                     | _                                 | SMALL ENT  | rity                | OR                     | OTHER<br>SMALL   |                     |                        |
| U.S. NATIONAL STAGE FEES   |  |   |  |                                | }                   |                                   | ]          | RATÉ                | FEE                    | ] .              | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150                              |                                | LAR                 | GE ENT. = \$ 300                  | 1          | BASIC FEE           |                        | OR               | BASIC FEE           | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100 |                                |                     | ther situations = \$ 100 / \$ 200 | 1.         | EXAM. FEE           |                        | 1                | EXAM. FEE           |                        |
| SEARCH FEE   |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$       | untries =                      |                     | ther situations = \$250 / \$500   |            | SEARCH FEE          |                        |                  | SEARCH FEE          | 200                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | 19 min   | us 100 =                       |                     | / 50 =                            |            | X \$ 125 =          |                        | 1                | X \$ 250 =          | 700                    |
| тот  | AL CHARGEA                                     | BLE CLAIMS                                | ) mir  | nus 20 =                       | *                   |                                   |            | X \$ 25 =           |                        | OR               | X \$ 50 =           |                        |
| IND  | EPENDENT CL                                    | AIMS                                      | 2 minus 3 = *                                    |                                |                     | •                                 |            | X \$ 100 =          |                        | OR               | X \$ 200 =          |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |  |                                |                     |                                   |            | + \$ 180 =          |                        | OR               | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                                |                     | olumn 2                           | ,          | TOTAL               |                        | OR               | TOTAL               | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |  |                                |                     |                                   | SMALL E    | NTITY               | OR                     | OTHER<br>SMALL E |                     |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA                  |            | RATE                | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                             |                     | = .                               |            | X \$ 25 =           |                        | OR               | X \$ 50 =           |                        |
| AME  | Independent                                    | •   | Minus  | ***                            |                     | =                                 |            | X \$ 100 =          |                        | OR               | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |                     |                                   |            | + \$ 180 =          |                        | OR               | + \$ 360 =          |                        |
|  |  |   |  |                                |                     |                                   |            | TOTAL ADDIT.<br>FEE |                        | OR               | TOTAL ADDIT.<br>FEE |                        |
|  |  | (Column 1)                                |  | (Colum                         | nn 2)               | (Column 3)                        |            |                     |                        |                  |                     |                        |
| NT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA                  |            | RATE                | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT B  | Total  | *   | Minus  | **                             |                     | = .                               |            | X \$ 25 =           |                        | OR               | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus  | ***                            |                     | =                                 |            | X \$ 100 =          | · · · ·                | OR               | X \$ 200 =          |                        |
| 7  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |                     | ı                                 | + \$.180 = |                     | OR                     | + \$ 360 =       |                     |                        |
|  |  |   |  |                                |                     |                                   | L          | TOTAL ADDIT.<br>FEE |                        | OR               | TOTAL ADDIT.<br>FEE |                        |
|  |  |   |  |                                |                     | •                                 |            |                     |                        |                  |                     |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.